

National Science Foundation
4201 WILSON BOULEVARD
ARLINGTON, VA 22230

FELLOWSHIP TRAVEL CERTIFICATE

All Travel Payments are processed by EFT (electronic funds transfer) to the same account as stipend payments.
Please complete and return this form to the NSF supporting program office:

Program Office: _____ Room Number _____

Program Contact: _____ Phone/E-Mail/Fax _____

Name: *(last, first, m.i.)*

Social Security Number:

Grant Number:

Name of Program

TRAVEL STATUS/PAYMENT REQUEST

- I would like to receive an advance of travel funds for the trip described below. I understand that if a travel advance is granted to me, it will be under the following conditions:
- a. That upon completion of the travel, I will inform the NSF of the dates and places where travel was performed.
 - b. If it is determined by the NSF, after my travel is completed, that I should have received a lesser travel allowance than that advanced, the difference between the amount advanced and the amount I am eligible to receive will be either deducted from any future payments which the NSF may make to me, or I may be required to return the excess funds.
- I have already received an advance of travel funds and am submitting, for your records, a description of my travel.
- I have completed my travel and am requesting a travel reimbursement.

TRAVEL DESCRIPTION

Point of Departure: *(city, state, country)*

Date:

Point of Arrival: *(city, state, country)*

Date:

Reason for Travel:

To Reach Host Institution

To Return Home Upon Completion of Award Tenure

Accompanying Dependents:

Spouse

Number of Dependent Children: _____

Signature:

Date:

FOR NSF USE

COMPUTATION

No. of Miles:

Rate per Mile:

Total:

Computed By:

Signature:

Date:

Remarks: